

P99000084505

September 15, 1999

Department of State  
Division of Corporations  
Corporation Filings  
P.O. Box 6327  
Tallahassee, FL 32314

000002993080--7  
-09/22/99-01005--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ELDER SUPPORT OPTIONS, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation and a check for \$ 78.75, to cover the Filing Fee and Certificate.

FROM: Elizabeth D. Hubbard  
10964 SE Sea Pines Circle  
Hobe Sound, Florida 33455  
561-546-0940 (Daytime)

*Elizabeth D. Hubbard*

Thank you for your attention to this matter.

FILED  
1999 SEP 22 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/23

FILED

1999 SEP 22 PM 4: 48

**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the company shall be:

Elder Support Options, Inc.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

10964 SE Sea Pines Circle

Hobe Sound, Florida 33455

(mailing address and place of business are one and the same)

**ARTICLE III: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Elizabeth D. Hubbard

10964 SE Sea Pines Circle

Hobe Sound, Florida 33455

## ARTICLE V: INCORPORATORS

The names and street address of the incorporators to these Articles of Incorporation are:

Elizabeth D. Hubbard

William B. Greaves

10964 SE Sea Pines Circle

10964 SE Sea Pines Circle

Hobe Sound, Florida 33455

Hobe Sound, Florida 33455

The undersigned incorporators have executed these Articles of Incorporation this  
15<sup>th</sup> day of September, 1999.

Elizabeth D. Hubbard  
Signature

William B. Greaves  
Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Designation of  
Registered Agent/Registered Office**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING  
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

ELDER SUPPORT OPTIONS, INC.

2. The name and address of the registered agent and office is:

Elizabeth D. Hubbard  
10964 SE Sea Pines Circle  
Hobe Sound, Florida 33455

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Elizabeth D. Hubbard  
(Signature)

September 15 1999  
(Date)